
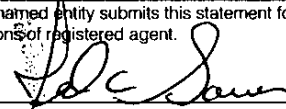
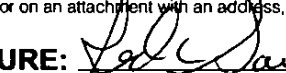


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90085 018 ****61 25

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|--|--|--|--|---|--|
| DOCUMENT # 707833 | |  | | 01-14-2008 90085 018 ****61.25 | |
| 1. Entity Name THE KEENE TERRACE BAPTIST CHURCH, INC. | | | | | |
| Principal Place of Business OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD. LARGO, FL 34641-8146 | | Mailing Address OLD KEENE ROAD AND LAKE AVENUE 1901 MCMULLEN RD. LARGO, FL 34641-8146 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01032008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-1056297 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BEZANSON, ART 15777 BOLESTA RD. #20 CLEARWATER, FL 33762 | | | | 7. Name and Address of New Registered Agent Name Sauer, Jed Street Address (P.O. Box Number is Not Acceptable) 298 21st Terrace SE City Largo FL Zip Code 33771 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | Jed C. Sauer, Treasurer | | 1/9/2008 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D DONEHOO, ROBERT 1894 OAKDALE LANE S CLEARWATER, FL <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP T Sauer, Jed 298 21st Terrace SE Largo, FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D POOLE, CARL 880 MANDALAY AVENUE #513N CLEARWATER, FL <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D BEZANSON, ART 15777 BOLESTA RD, #20 CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D DRIVER, DAN 1065 DAMROSCH LARGO, FL 33771 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Jed C. Sauer, Treasurer 1-9-08 (727) 581-5432 | | | |